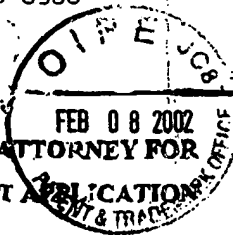


Please type a plus sign (+) inside this box



#3

5.49

**DECLARATION/POWER OF ATTORNEY FOR  
UTILITY OR DESIGN PATENT APPLICATION**  
(37 CFR 1.63)

☐ Declaration  
Submitted  
with Initial  
Filing

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16(c))  
required

Attorney Docket Number

33-99 CIP

First Named Inventor

PALUMBO, II

**COMPLETE IF KNOWN**

Application Number

09/809,382

Filing Date

07/20/2001

Group Art Unit

2859

Examiner Name

not yet assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (i.e. only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**LASER ALIGNMENT METHOD AND APPARATUS**

the specification of which

☐ is attached hereto

OR

☒ was filed on July 20, 2001 as United States Application Number 09/909,382 or PCT International Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Please type a plus sign (+) inside this box.

**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)  
UNDER 35 U.S.C. § 120**

This application is a continuation-in-part pursuant to 35 USC §120 of each prior application (if any is identified) as follows:

**PRIOR U.S. APPLICATIONS OR PCT (INTERNATIONAL APPLICATIONS  
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. § 120:**

U.S. APPLICATIONS		STATUS (CHECK ONE)		
APPLICATION SERIAL NO.	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
09/326,424	06/04/1999	X		

Direct all correspondence to: <input type="checkbox"/> Customer Number or <input checked="" type="checkbox"/> Correspondence address below			
Name <b>Joseph E. Chovanes, Esquire</b>			
Address <b>DILWORTH PAXSON LLP</b>			
Address <b>3200 Mellon Bank Center - 1735 Market Street</b>			
City <b>Philadelphia</b>	State <b>PA</b>	Zip <b>19103</b>	
Country <b>US</b>	Telephone <b>(215) 575-7000</b>	Fax <b>(215) 575-7200</b>	

**POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

**Joseph E. Chovanes, Esquire      Registration No. 33,481**

- [ ] I hereby appoint the practitioner(s) associated with Customer Number \_\_\_\_\_ to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- [ ] Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made in information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Charles E.</b>		Family Name or Surname <b>PALUMBO, III</b>	
Inventor's Signature <i>Charles E. Palumbo III</i>		Date <i>2/2/02</i>	
Residence/City: <b>Elkins Park</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address: <b>365 E. Church Road</b>			
City: <b>Elkins Park</b>	State <b>PA</b>	Zip <b>19027</b>	Country <b>US</b>
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Edwin A.</b>		Family Name or Surname <b>OHL</b>	
Inventor's Signature <i>Edwin Alan OHL</i>		Date <i>2/2/02</i>	
Residence/City: <b>Hamburg</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address: <b>119 N. 5th Street</b>			
City: <b>Hamburg</b>	State <b>PA</b>	Zip <b>19526</b>	Country <b>US</b>

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